OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to with the Chief Clerk.)	o do so, file one orig	inal verified app	olication
with the emer elem,	Dock	et No	Office Use Only
Please provide the appropriate information in the	ne () areas in the I	neading below.	FEB 21 11 06 M 101 FEB 21 11 06 M 101 CHIEF CLERK'S OFFICE
NetworkIP, LLC :			CHI CHI
Application for a certificate of : local exchange authority :			年二部
to operate as a reseller and facilities :	01-019	21	1 CLE
based carrier of telecommunications :	' 4) (灵易
services throughout Ameritech exchanges in : State of Illinois. :			S C 呈
state of filmois.			FFI S
	ERTIFICATE TO I ICATIONS CARR sheets as necessary	IER	FEB 21 11 06 AH 101 CHIEF CLERK'S OFFICE
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1. Applicant's Name(including d/b/a, if any)		FEIN # 75-28	342014
NetworkIP, LLC			
Address: Street 119 West Tyler St., Ste.	168		
City Longview State/Zip Texas, 75601			
2. Authority Requested: (Mark all that apply)	13-403 Facil	lities Based Inte	rexchange
x	_13-404 Resale of L	ocal and/or Inte	rexchange
x_	_13-405 Facilities F	Based Local	
3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.			
x_Part 710 Uniform System	n of Accounts for T	Telecommunica	tions Carriers
-	ation of Service an ocal Exchange Tele	d Issuance of T	elephone
Other	= v =		

4.	For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
	 (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5.	In what area of the state does the Applicant propose to provide service?
	Ameritech exchanges
6.	Please attach a sheet designating contact persons to work with Staff on the following:
	a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. See Attachment A.
	Please check type of organization? Individual
8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. See Attachment B.
9.	List jurisdictions in which Applicant is offering service(s).
	None The company was issued a Certificate of Interexchange Authority in Docket No. 99-0650 entered on March 15, 2000.
10.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name? YES (Please provide details)NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?						
YESXNO						
If YES, describe fully.						
	_	service under a	iny other name?	110		
YESXNO						
If YES, please l	ist					
If NO, permissi Pursuant to Ad and records records ava	on pursuant t m Code Part 2 for the State ilable to the C	o 83 Ill. Adm (250, Applicant of Texas at its	Code Part 250 ne hereby respectfo principal place on request, and	g? YES eeds to be reques ully requests per of business. App will reimburse th	ted. mission t licant wi	to keep its books Il make such
MANAGERIAI					· .	
provide serv	vice. This may		narrative form, r	d technical resor esumes of key po		
15. List officers	s of Applicant.					
Pete Par Toni Va Scott Re Jet Thor Darren	n Burkleo eskey mas	Director of N				
				er interest in any services?Y		
If YES, list enti	ty					
	7. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)					
separate lin		l services and o		include call deta ng any monthly r		

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)
Service, billing and repair complaints can be reached through a toll-free number. If the custome is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.
19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?x_YES NO
20. What telephone number(s) would a customer use to contact your company?
(877) 638-7762
21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?
X YES NO
22. Please describe applicant's procedures to prevent slamming and cramming of customers?
For presubscribed service, the company will obtain a written letter of agency prior to implementing a carrier change and prior to commencing service.
23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?
_X YES NO (If no, please provide an explanation.)
24. Is Applicant aware that it must file tariffs prior to providing service in Illinois? XYESNO
FINANCIAL
25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See Attachment E.
TECHNICAL
26. Does Applicant utilize its own equipment and/or facilities? YESX_ NO
If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant

possesses the necessary technical resources to deploy and maintain said facilities:

	Applicant does not current have any equipment or facilities located in the State of Illinois. See Attachment F for future plans in Illinois as a facilities-based provider	
If N	NO, which facility provider(s)'s services does the Applicant intend to use?	
Am	eritech	
27.	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).	
	Local service	
28.	Will technical personnel be available at all times to assist customers with service problems?	
	X_YESNO	
29.	29. If Applicant intends to provide payphone service, will the equipment utilized comply with FC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on Jun 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergence assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YESNO NOT APPLICABLE	
	Jon Van Burkler	
	Toni Van Burkleo Chief Financial Officer	

VERIFICATION

This application shall be verified under oath.

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State of Texas)
)ss
County of Gregg)

Toni Van Burkleo makes oath and says that he/she is Chief Financial Officer (Insert the official title of the affiant) (Insert here the name of affiant)

of NetworkIP, LLC (Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

> Toni Van Burkleo Chief Financial Officer

Subscribed and sworn to before me, a Notary Public/ Wendy Carter
(Title of person authorized to administer oaths)

WENDY D. CARTER ty a pove named, this 22 day of August Notary Public, State of Texas My Commission Expires March 39, 2004

(Signature of person authorized to administer oath)